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** PATENT AGENTFACSIMILE TRANSMISSIONDate: 3/29/2006

Pages: 15

To: Examiner Gary Chin

From: David Posz

Company: U.S. Patent Office, Art Unit 3661

Fax No.: 571-273-8300

Subject: Amendment in response to the Office Action mailed on November 29, 2005:
U.S. Application Serial No. 10/606,840

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on 3/29/06 to the attention of Examiner Chin of AU 3661.

Typed Name: DAVID G. POSZ

Signature: 

Applicant(s): KUMAZAWA et al.

Serial No.: 10/606,840

Filed: June 27, 2003

Title: ACTIVATION SYSTEM FOR
PASSENGER PROTECTION
APPARATUS

Atty. Dkt.: 11-167

Group Art Unit: 3661

Examiner: Gary Chin

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Pass pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4515). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/808,840 Filing Date June 27, 2003 First Named Inventor KUMAZAWA et al. Examiner Name Gary Chin Art Unit 3861 Attorney Docket No. 11-167																															
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27																																	
TOTAL AMOUNT OF PAYMENT (\$) 120																																	
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-8038.																																	
FEE CALCULATION																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																	
FILING FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>100</td> <td>80</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	100	80	SEARCH FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>100</td> <td>50</td> </tr> <tr> <td>300</td> <td>150</td> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	500	250	100	50	300	150	500	250	0	0
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2. EXCESS CLAIM FEES																																	
Fee Description		Small Entity Fee (\$)																															
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50																															
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200																															
Multiple dependent claims		360																															
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(e). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>\$0</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x	=	\$0																				
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: <u>Fee for one-month extension of time</u> <div style="text-align: right;">\$120</div>																																	
SUBMITTED BY																																	
Signature		Registration No. (Attorney/Agent)	37,701																														
Name (Print/Type)	DAVID G. POSZ	Telephone	(703) 707-9110																														
		Date	March 29, 2006																														

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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